

2020 Annual Report to the Massachusetts Board of Registration Instructions

Please see the required forms for your program's 2020 Annual Report (Report) to the Massachusetts Board of Registration in Nursing (Board).

The Report is intended for **pre-licensure** nursing programs. Registered nurses enrolled in a program for the purpose of obtaining a degree (RN to BSN) are not to be included in the Report.

Completion of the Report, is required by nursing programs in compliance with regulation 244 CMR 6.05(3)(b), and serves as the program's application to the Board for continuation of program approval. The Report is designed to reflect the nursing program's compliance with the regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval during the **2019-2020** academic year [**September 1, 2019 - August 31, 2020**]. The Report is a legal record that is retained permanently by the Board.

The program administrator must submit an electronically signed Report to the Board no later than **November 1, 2020**. The Board will notify the program administrator and the chief executive officer of the parent institution in writing of the program's approval status.

Important: Massachusetts Board regulation 244 CMR 6.07(3) require the program administrator of a Board-approved nursing education program to notify the Board of all program changes including but not limited to admission of 10 or more additional students; change in the overall length of the program and change in physical facilities/location), excluding those at 244 CMR 6.07(1) (b) and (1) (c) that require Board approval prior to implementing. The Program Administrator will use the Board provided forms to report Program changes when submitting the Program's Annual Report to the Board. Each form will direct the Program to submit the required documentation to demonstrate compliance with 244 CMR 6.04. Program Change Reports can be found on the Board website:
<https://www.mass.gov/guides/nursing-education-programs-compliance-guidelines-and-reports>
Please contact the Board with any questions regarding which form to use.

Prior to submitting the Report to the Board please review the following:

- ☐ The Report is completed on the forms provided. Submit as a Word document.
- ☐ All Admission, Graduate and Enrollment numbers are verified and totaled
- ☐ All Faculty and Preceptor data is complete and accurate
 - Name must be provided as it appears on nursing license
 - Nursing license must be current during the **2019-2020** academic year
- ☐ Each program type (PN, RN, BSN and Direct Entry) submitted individually
 - Each program assigned a NCSBN program code requires an individual Report
- ☐ All program changes are reported
- ☐ The program administrator has electronically signed the Report
- ☐ The Report is electronically submitted to the email address provided

Reports that are incomplete or not signed by the program administrator will be returned resulting in delays in program approval.

A copy of 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof is available at www.state.ma.us/dpl/boards/rn (see Rules and Regulations).

**2020 Annual Report to the Massachusetts Board of Registration
in Nursing Academic Year 2019-2020
244 CMR 6.05 (3) (b)**

**NURSING EDUCATION PROGRAMS PREPARING GRADUATES FOR
REGISTERED NURSE AND PRACTICAL NURSE LICENSURE**

Section A.

An individual Report must be submitted for each program type. Please complete ALL of the following sections.

Parent Institution Information

Parent Institution:	
Address:	
City, State, Zip:	
Chief Executive Officer Name and Credentials:	
CEO Email	

Parent Institution Accreditation Status

Agency:	
Last Review:	
Outcome:	
Next Review:	

Nursing Education Program Information

Nursing Education Program:	
Address:	
City, State, Zip:	
Nurse Administrator Name and Credentials:	
Program Administrator Massachusetts Nursing License Number:	
Program Administrator Email:	
Nursing Program Type:	
NCSBN Program Code:	
Program Website:	

Nursing Program Accreditation Status

Accreditation Agency	
Last Review (Accreditation Cycle and Year):	
Outcome:	<input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Not Accredited <input type="checkbox"/> Continuing Accreditation
	<input type="checkbox"/> Continuing Accreditation with Conditions Follow-Up Report due: _____
	<input type="checkbox"/> Continuing Accreditation with Warning Follow-Up Report/Follow-Up Visit due: _____
	<input type="checkbox"/> Continuing Accreditation for Good Cause Follow-Up Report/Follow-Up Visit due: _____
Next Review (Accreditation Cycle and Year):	Click here to enter text.

Nursing Program Options & Student Data

Admissions: Report the number of new students matriculated for the first time and identified as nursing majors admissions between September 1, 2019 to August 31, 2020.

Graduates: Report the number of students who graduated from the nursing education program between September 1, 2019 to August 31, 2020.

Enrollment: Report the total number of students enrolled between September 1, 2019 to August 31, 2020.

Enrolled student numbers should be inclusive of all admissions, graduates and the number of students continuing their program of study during the academic year for each option.

Full-time faculty are those individuals who are dedicated full time to this Program Option.

Program Option Name:	
Location Name:	
Delivery Method:	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Hybrid <input type="checkbox"/> Distance Education
Percentage of Nursing Credits Delivered by Distance Education:	<input type="checkbox"/> 0% <input type="checkbox"/> 1–24% <input type="checkbox"/> 25–49% <input type="checkbox"/> 50–100%
Admissions	
Graduates	
Current Student Enrollment	
Full-time faculty	
Full-time faculty to student ratio	1:
Part-time faculty	

Program Option Name:	
Location Name:	
Delivery Method:	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Hybrid <input type="checkbox"/> Distance Education

Percentage of Nursing Credits Delivered by Distance Education:	<input type="checkbox"/> 0% <input type="checkbox"/> 1–24% <input type="checkbox"/> 25–49% <input type="checkbox"/> 50–100%
Admissions	
Graduates	
Current Student Enrollment	
Full-time faculty	
Full-time faculty to student ratio	1:
Part-time faculty	

Program Option Name:	
Location Name:	
Delivery Method:	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Hybrid <input type="checkbox"/> Distance Education
Percentage of Nursing Credits Delivered by Distance Education:	<input type="checkbox"/> 0% <input type="checkbox"/> 1–24% <input type="checkbox"/> 25–49% <input type="checkbox"/> 50–100%
Admissions	
Graduates	
Current Student Enrollment	
Full-time faculty	
Full-time faculty to student ratio	1:
Part-time faculty	

Current Total Nursing Program Student Data (all program options/cohorts/locations combined)

Admissions	
Graduates	
Current Student Enrollment	
Full-time faculty to student ratio for all program options	1:

Section B.

244 CMR 6.04(1) Mission & Governance

Does the nursing program have written plan for systematic evaluation of all components of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the systematic evaluation plan used for?	<input type="checkbox"/> Development of the program <input type="checkbox"/> Maintenance of the program <input type="checkbox"/> Revision of the program
Does the systematic evaluation plan include the following outcomes?	<input type="checkbox"/> NCLEX performance <input type="checkbox"/> Admission rates <input type="checkbox"/> Retention and graduation rates <input type="checkbox"/> Graduate satisfaction

	<input checked="" type="checkbox"/> Employment rates and patterns
Does the systematic evaluation plan include the evaluation of the 11 Board required policies?	<input type="checkbox"/> Admission <input type="checkbox"/> Progression <input type="checkbox"/> Attendance <input type="checkbox"/> Course Exemption <input type="checkbox"/> Advanced Placement <input type="checkbox"/> Transfer <input type="checkbox"/> Educational Mobility <input type="checkbox"/> Withdrawal <input type="checkbox"/> Readmission <input type="checkbox"/> Graduation <input type="checkbox"/> Student Rights and Grievances
Does the program publish its current Board-approval status on <u>all</u> official publications?	<input type="checkbox"/> Yes <input type="checkbox"/> No

244 CMR 6.04(2) Faculty

Please refer to the regulations at 244 CMR 6.04(2) when reporting faculty data. All faculty teaching classroom, clinical or lab must hold a Massachusetts nursing license in good standing.

Total Number of Faculty

Full-time:	
Part-time:	

Does the program verify all nursing faculty maintain expertise appropriate to <u>teaching responsibilities</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Full-time Faculty Highest Degree in Nursing: Please do not report all nursing degrees. For each faculty member report only the highest nursing degree held.	<table> <tr> <td>Doctorate</td><td>Percent of Full-time Faculty</td></tr> <tr> <td>Masters</td><td>Percent of Full-time Faculty</td></tr> <tr> <td>Bachelors</td><td>Percent of Full-time Faculty</td></tr> </table>	Doctorate	Percent of Full-time Faculty	Masters	Percent of Full-time Faculty	Bachelors	Percent of Full-time Faculty
Doctorate	Percent of Full-time Faculty						
Masters	Percent of Full-time Faculty						
Bachelors	Percent of Full-time Faculty						
Part-time Faculty Highest Degree in Nursing: Please do not report all nursing degrees. For each faculty member report only the highest nursing degree held.	<table> <tr> <td>Doctorate</td><td>Percent of Part-time Faculty</td></tr> <tr> <td>Masters</td><td>Percent of Part-time Faculty</td></tr> <tr> <td>Bachelors</td><td>Percent of Part-time Faculty</td></tr> </table>	Doctorate	Percent of Part-time Faculty	Masters	Percent of Part-time Faculty	Bachelors	Percent of Part-time Faculty
Doctorate	Percent of Part-time Faculty						
Masters	Percent of Part-time Faculty						
Bachelors	Percent of Part-time Faculty						

Faculty Retention Rates:

Number of full-time nursing faculty employed by the program on September 1, 2019	
Of the full-time faculty employed on September 1, 2019 how many remained employed on August 31, 2020	
Full-time Faculty Retention Rate	

Number of part-time nursing faculty employed by the program for academic year 2019-2020	
Of the part-time faculty employed during the academic year how many remained employed on August 31, 2020	
Part-time Faculty Retention Rate	

Waivered Faculty **RN Programs Only:**

Number of Faculty on a Waiver:	
Total Number of Full-time and Part-time Faculty	
Percent of Total Faculty on a Waiver	
Number of Faculty on Waiver Option 1	% of Total Waivers
Number of Faculty on Waiver Option 2	% of Total Waivers
Number of Faculty on Waiver Option 3	% of Total Waivers
	Is a formal mentoring plan in place for all nursing faculty on Waiver Option 3? <input type="checkbox"/> Yes <input type="checkbox"/> No

Full-time Faculty Profile Table

Please include the following for all full-time nursing faculty employed during the 2019/2020 academic year.

- 1. Nursing license with expiration date.*
- 2. Dates of employment*
- 3. Academic degrees and completion dates*
- 4. Each component (didactic, lab or clinical) of each course taught by each faculty*

Last Name	First Name	MA RN License	Dates of Employment	Academic Degrees, Years (List all degrees)	Assigned Nursing Courses (didactic, lab, or clinical)	Waivered faculty? If yes, which option?
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes Waiver option <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes Waiver option <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes Waiver option <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes Waiver option <input type="checkbox"/> No

Part-time Faculty Profile Table

Please include the following for all full-time nursing faculty employed during the 2019/2020 academic year.

- 1. Nursing license with expiration date.*
- 2. Dates of employment.*
- 3. All nursing academic degrees and completion dates*
- 4. For Waiver 1 faculty include program type with the expected date of completion.*
- 5. For waiver 2 faculty, include the related non-nursing graduate degree.*
- 6. Each component (didactic, lab or clinical) of each course taught by each faculty should also be include.*

Last Name	First Name	MA RN License	Dates of Employment	Academic Degrees, Years (List all degrees)	Assigned Nursing Courses (didactic, lab, or clinical)	Waivered faculty? If yes, which option?
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes Waiver option <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes Waiver option <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes Waiver option <input type="checkbox"/> No

244 CMR 6.04(3) Students

Please refer to the regulations at 244 CMR 6.04(3) when reporting student data.

For Dates (September 1, 2019 to August 31, 2020)

Number of qualified applicants:	
Number of qualified applicants admitted:	
Number of qualified applicants reported as admitted on the 2019 Annual Report to the Board:	Change in percent of admitted applicants from the 2019 Annual Report
How many students were dismissed from the program	based on the published progression policy? for unsafe/unethical behavior? based on clinical performance?

Admission Policies

Does the program require all candidates for admission to provide satisfactory evidence of secondary graduation or its equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program require all candidates for admission to provide immunization requirements specified by the Massachusetts Department of Public Health ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program publish current policies which describe the specific nondiscriminatory criteria for the eleven Board required policies?	<input type="checkbox"/> Admission <input type="checkbox"/> Progression <input type="checkbox"/> Attendance <input type="checkbox"/> Course Exemption <input type="checkbox"/> Advanced Placement <input type="checkbox"/> Transfer <input type="checkbox"/> Educational Mobility <input type="checkbox"/> Withdrawal <input type="checkbox"/> Readmission <input type="checkbox"/> Graduation <input type="checkbox"/> Student Rights and Grievances

244 CMR 6.04(4) Curriculum

Program Option Name:		Click here to enter text.		
<p>For each nursing course, please include:</p> <ol style="list-style-type: none"> 1. Type of course 2. The course number and title 3. Total credit for each course 4. Total semester clock hours for each course: 5. The established credit to contact hour ratio for each component of each course. 				
Type of Course (Science, Art, Humanity, Nursing)	Course Number and Title	Credit Hours	Clock hours for each component (if applicable)	credit-to-contact hour ratios for didactic/lectures, laboratory, and clinical experiences (e.g., 1:1 for didactic, 1:2 for laboratory/simulation, and 1:3 for clinical components)
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical

Program Option Name:		Click here to enter text.		
<p><i>For each nursing course, please include:</i></p> <ol style="list-style-type: none"> 1. Type of course 2. The course number and title 3. Total credit for each course 4. Total semester clock hours for each course: <p><i>The established credit to contact hour ratio for each component of each course.</i></p>				
Type of Course (Science, Art, Humanity, Nursing)	Course Number and Title	Credit Hours	Clock hours for each component (if applicable)	credit-to-contact hour ratios for didactic/lectures, laboratory, and clinical experiences (e.g., 1:1 for didactic, 1:2 for laboratory/simulation, and 1:3 for clinical components)
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical

Program Option Name:		Click here to enter text.		
<p><i>For each nursing course, please include:</i></p> <p>1. <i>Type of course</i></p> <p>2. <i>The course number and title</i></p> <p>3. <i>Total credit for each course</i></p> <p>4. <i>Total semester clock hours for each component of each course:</i></p> <p><i>The established credit to contact hour ratio for each component of each course.</i></p>				
Type of Course (Science, Art, Humanity, Nursing)	Course Number and Title	Credit Hours	Clock hours for each component (if applicable)	credit-to-contact hour ratios for didactic/lectures, laboratory, and clinical experiences (e.g., 1:1 for didactic, 1:2 for laboratory/simulation, and 1:3 for clinical components)
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical

244 CMR 6.04(5) Resources

Faculty Student Ratios	Minimum	Maximum
Didactic	1:	1:
Laboratory	1:	1:
Clinical	1:	1:

Does the program utilize support personnel in the laboratory for nursing courses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are written affiliation agreements with cooperating agencies utilized as clinical learning sites current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do written affiliation agreements with cooperating agencies utilized as clinical learning sites state that the faculty are responsible for evaluation of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do written affiliation agreements with cooperating agencies utilized as clinical state that the cooperating agency retains responsibility for patient safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Preceptor Profile Table						
Last Name	First Name	RN License (if outside of MA please indicate state)	Academic Degrees, Years (List all degrees)	Name of Agency/ Title	Preceptor: Student Ratio	Faculty Clinical Instructor
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.

Cooperating Agencies in Massachusetts						
Name of Agency	Unit	Course	Type of Clinical Experience	Dates	Faculty: Student Ratio	Faculty Clinical Instructor
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.

Cooperating Agencies Outside of Massachusetts						
Name of Agency	Unit	Course	Type of Clinical Experience	Dates	Faculty: Student Ratio	Faculty Clinical Instructor
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.		Click here to enter text.	Click here to enter text.	1:	Click here to enter text.

Section C. Outcomes

Please complete ALL of the following sections for the three (3) most recent years. For expected levels of achievement (ELAs), include a timeline (e.g., 70% of students will complete the program in 150% of the program length).

First-time Performance on Licensure/Certification Examination Aggregated for Entire Program		
Expected Level of Achievement from Systematic Evaluation Plan	Year	Licensure Examination Pass Rate
	20__	%
<input type="checkbox"/> Same as above	20__	%
<input type="checkbox"/> Same as above	20__	%

Performance on Program Completion – Aggregated for Entire Program		
Expected Level of Achievement from Systematic Evaluation Plan	Year	Program Completion Rate
	20__	%
<input type="checkbox"/> Same as above	20__	%
<input type="checkbox"/> Same as above	20__	%

Performance on Job Placement – Aggregated for Entire Program		
Expected Level of Achievement from Systematic Evaluation Plan	Year	Program Job Placement Rate
	20__	%
<input type="checkbox"/> Same as above	20__	%
<input type="checkbox"/> Same as above	20__	%

Admission Rates Reported on Annual Reports – Aggregated for Entire Program		
Expected Level of Achievement from Systematic Evaluation Plan	Year	Admissions Rate
	20__	%
<input type="checkbox"/> Same as above	20__	%
<input type="checkbox"/> Same as above	20__	%

Section D. Required Documentation

(To be included as an Appendix)

Notification of a 6.07 Board Approval of Specific Nursing Education Program Changes

Check one

- ☐ I have no program changes to report in compliance with 6.07(3).
- ☐ I am submitting the attached program changes in compliance with 6.07(3) requiring Board notification of program changes when submitting the Annual Report. (Please list changes)
- 1.
 - 2.

Person Preparing Report

Last Name

First Name

Title

As program administrator, I certify under the pains and penalties of perjury, that this program complies with those requirements specified in state regulations, 244 CMR 6.00, respective to program type. If the nursing education program is not in compliance with state regulations, cite the regulations with which the program does not comply, and advise the Board of Registration in Nursing of the program's plan for corrective action, including timeframes.

Last Name

First Name

Title

Signed:

X

Please email completed form to nursingannualreports@massmail.state.ma.us